

SHELBY COUNTY GOVERNMENT MEDICAL PLAN SUMMARY 2015

	HMO		CHOICE HRA				STANDARD HRA			
	In-Network		In-Network		Out-of-Network		In-Network		Out-of-Network	
	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family
Deductible	\$850 per person	\$2,125	\$1,650	\$4,950	\$1,650	\$4,950	\$3,000	\$9,000	\$3,000	\$9,000
Out-of-pocket maximum	\$4,500 Individual \$9,000 Employee+1 \$11,250 Family		\$2,250	\$5,500	\$4,500	\$12,500	\$5,000	\$10,000	\$10,000	\$20,000
HRA contribution from employer	\$0	\$0	\$650/Individual \$1,300/Employee+1 \$1,950/Family				\$650/Individual \$1,300/Employee+1 \$1,950/Family			
Coinsurance	20%*		10%*		40%*		20%*		40%*	
Primary Care Physician	\$35 copay		10%*		40%*		20%*		40%*	
Specialist	\$50 copay		10%*		40%*		20%*		40%*	
Preventive Care	No Charge		No Charge		Not Covered		No Charge		Not Covered	
Inpatient Hospital	\$250 copay per admission then 20%*		10%*		40%*		20%*		40%*	
Outpatient Hospital	20%*		10%*		40%*		20%*		40%*	
Emergency Room	\$300 copay*		10%*		10%*		20%*		20%*	
Urgent Care	\$50 copay*		10%*		10%*		20%*		20%*	

***After plan deductible**

OAPIN/HMO: No out-of-network benefits available for OAPIN/HMO, except for emergency. Copays go to annual out-of-pocket maximum.

Standard HRA plan meets Minimum Value and Affordability Compliance.

The terms and provisions of the plan documents are controlling and none of the conditions or limitations are waived or modified by reason of any omission from this summary.



SHELBY COUNTY GOVERNMENT PHARMACY PLAN SUMMARY 2015

	OAPIN/HMO (EXPRESS SCRIPTS)		CHOICE HRA* (CIGNA)		STANDARD HRA* (CIGNA)	
In-network	Retail (30-day supply)	Home Delivery (90-day supply)	Retail (30-day supply)	Home Delivery (90-day supply)	Retail (30-day supply)	Home Delivery (90-day supply)
Generic	You pay 20% \$8 min/\$20 max	You pay \$25	You pay 20% \$8 min/\$20 max	You pay \$25	You pay 20% \$8 min/\$20 max	You pay \$25
Preferred brand with Generic Buy-Up	You pay 30% \$40 min/\$100 max	You pay \$62	You pay 30% \$40 min/\$100 max	You pay \$62	You pay 30% \$40 min/\$100 max	You pay \$62
Non-preferred brand	You pay 40% \$80 min/\$120 max	You pay \$137	You pay 40% \$80 min/\$120 max	You pay \$137	You pay 40% \$80 min/\$120 max	You pay \$137
Specialty Drugs (Mandatory Mail Order)	Not Covered	\$100	\$100 copay for 1 st fill (mandatory home delivery after 1 st fill)	\$100	\$100 copay for 1 st fill (mandatory home delivery after 1 st fill)	\$100

ALL PLANS: Mandatory Mail for Maintenance Medications after 3rd retail refill. Copays go towards annual out of pocket maximum.

OAPIN/HMO: Pharmacy network includes SAM's and Wal-Mart for 90 Day Maintenance Medications.

***HRA PLANS:** HRA Plans have a combined deductible for medical and pharmacy. Medical and pharmacy expenses are deducted from the HRA employer contribution account first, then deductible or coinsurance applicable.

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